

APPLICATION DATA SHEET**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:
Computer Readable Form (CRF):
Number of copies of CRF:
Title:: Oral Dosage Form Containing A PDE 4 Inhibitor as
an Active Ingredient and Polyvinylpyrrolidon as
Excipient
Attorney Docket Number:: 26230
Request for Early Publication?: No
Request for Non-Publication?: No
Suggest Drawing Figure::
Total Drawing Sheets:: 1
Small Entity?: No
Latin name::
Variety denomination name::
Petition included?: No
Petition Type::
Licensed U.S. Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Rango
Middle Name::
Family Name:: DIETRICH
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Im Tiergarten 16
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78465

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Klaus
Middle Name::
Family Name:: EISTETTER
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Säntisblick 7
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE

Postal or Zip Code of mailing address:: 78465

Applicant Authority type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Hartmut
Middle Name::
Family Name:: NEY
Name Suffix::
City of Residence:: Konstanz
State or Province of Residence::
Country of Residence:: DE
Street of Mailing address:: Peter-Thumb-Str. 46
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78464

Correspondence Information

Correspondence Customer Number:: 034375
Name:: Gary M. Nath
Street of mailing address:: 1030 Fifteenth Street, N.W.
Sixth Floor
City of mailing address:: Washington
State or Province of mailing address:: DC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20005
Phone number:: (202) 775-8383
Fax number:: (202) 775-8396

E-Mail address::

ip@nathlaw.com

Representative Information

Representative Customer Number::	034375
---	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Europe	02003811.3	20 February 2002 (20.02.2002)	Yes
Germany	10207160.8	20 February 2002 (20.02.2002)	Yes

Assignee Information

Assignee name:: Altana Pharma AG
Street of mailing address:: Byk-Gulden-Str. 2
City of mailing address:: Konstanz
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78467